

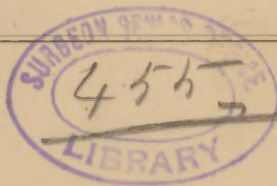
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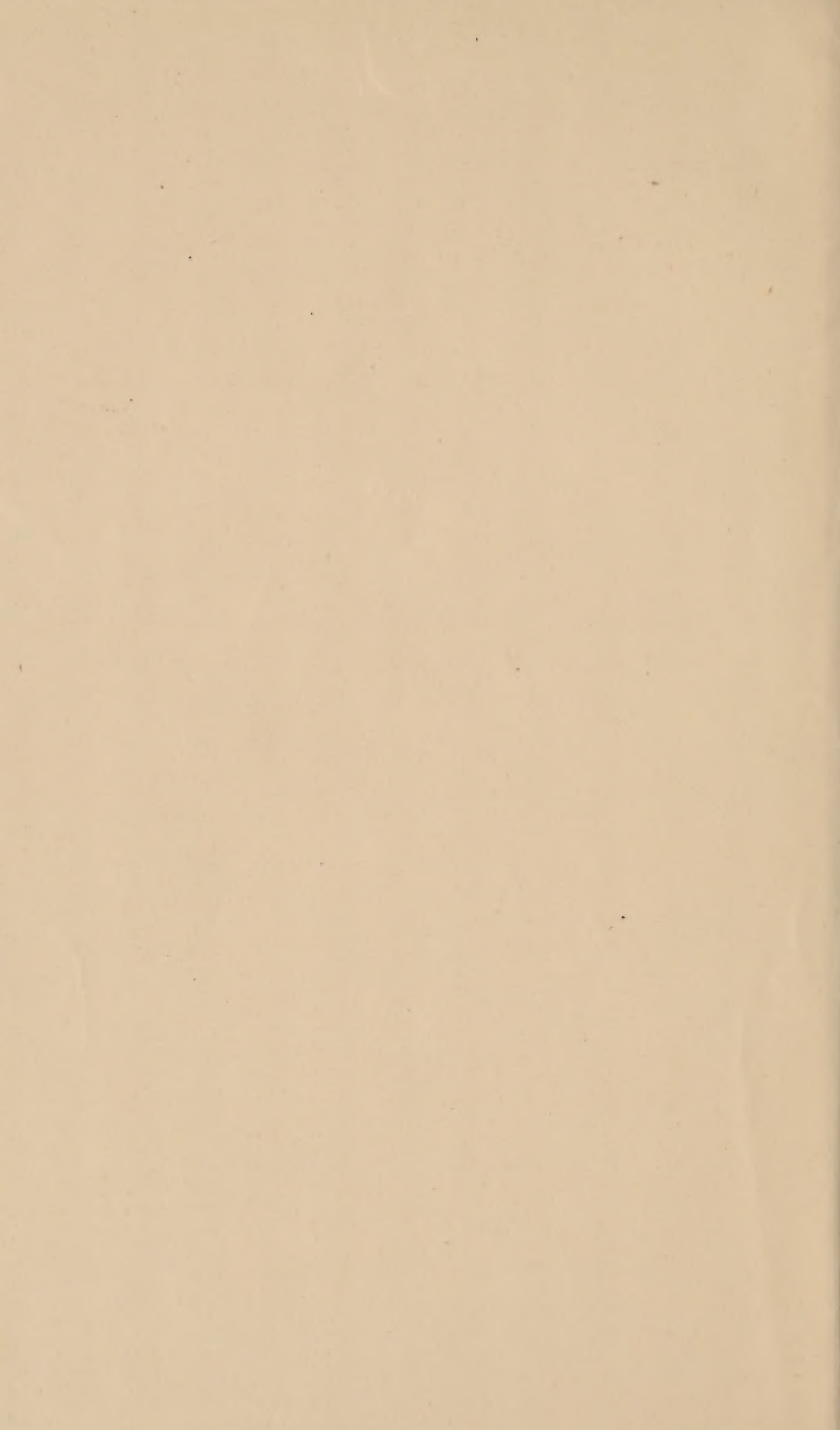
Extracted from the American Journal of the Medical Sciences for April, 1880.

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FROM DIFFICULTIES ATTRIBUTED TO SHORT-
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BY

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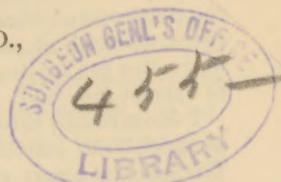




REPORT OF A CASE WHERE MOTHER AND CHILD DIED DURING LABOUR,
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IN June, 1875, I operated upon Miss H., aged 33 years, of Mount Holly, N. J., for ovariectomy, removing an ordinary cystic colloid of the left ovary (cystoma ovarii), about nine pounds in weight. The loculi of which the tumour was composed were small, the largest scarcely exceeding an inch in diameter, and it was necessary to remove it as a solid mass. The incision was a long one, extending one inch above the umbilicus. The pedicle was very short, and the clamp used was very near the left horn of the womb—indeed, it seemed to touch it. Recovery was rapid; the patient came down stairs, and walked in the open air on the sixteenth day of the operation.

I saw this patient now and then afterwards, but never heard any complaint from her except about menstruating through the pedicle, and one of her letters was so interesting on this subject that I communicated it to this Journal (in July, 1877, p. 288). In this communication it is said: "One small place about the centre of the scar, left by the clamp, has never entirely healed; it has the appearance of a pimple, which has increased in size, and always has a bright red colour." Miss H. married one year after this operation, and on June 19, 1879, she called at my office to know whether she was pregnant or not, her menses having ceased since April. I thought her then to be pregnant, and told her she would have her child about the 18th of February. She asked me then to promise to go to her assistance at the time of her confinement, should I be sent for. In December, as I am informed at the present time, she asked for advice on account of severe pain at the point of attachment of the pedicle to the cicatrix.

On Monday, the 16th February (1880), her husband brought me the following note from Dr. Stokes, the highly esteemed physician who was her medical attendant at her then residence, near East Moorestown, N. J.: "I was called to see Mrs. P. on Thursday evening. Found her with preliminary labour-pains; but it was not until early Sunday morning that I could detect any dilatation of the os. At this writing (6 A. M.) it has dilated to the size of a silver quarter-dollar; lips thick, and somewhat rigid, with very inefficient pains; indeed, the expulsive pains are mere nothing. The patient keeps up her strength well by beef-tea and milk, and sleeps at intervals. I have kept her bowels open with enemata, and have also used an opiate enema. I felt best satisfied to give thee a short

account of the case, and if thee thinks well to make any suggestions, or to come up, we should be glad to see thee."

I arrived at the country house of the patient about six o'clock in the evening. She was then much exhausted and despondent; her pulse was very frequent, some 130 pulsations to the minute. The dilating pains were frequent and severe. I was told that no waters had been discharged. The back of the child was felt to be against the front of the womb, inclining from the left side toward the right. The mouth of the womb, to the touch, had not changed since the morning. The finger came in direct contact with the scalp of the child. Notwithstanding what was said about the discharge of water, no projecting membranes could be felt, nor was there observed, *at any time*, any flow of what might be amniotic liquid, until after the application of the forceps, and strenuous and repeated efforts to extract the child.

I endeavoured through the whole night to effect dilatation of the mouth as quickly as possible, having, however, only my fingers to work with. The left front part of the mouth seemed to open more slowly than the rest, remaining during the contractions thicker, rounded, and less tense. In the course of the night I gave twelve grains of quinia, beef-tea, and milk with brandy; and in the early part, to try to act upon the irregularity of the pains, an enema of laudanum. At six o'clock on Tuesday morning I sent for Dr. Stokes—unfortunately I did not have my own instruments—and we proceeded to apply the instruments at once on his arrival, some half hour afterwards. The patient was then much exhausted, and complaining greatly of pain, but without having at any time any expulsive pain. There was no impulsion given to the fœtus; the parts presenting did not push forwards. They may have seemed to advance a little, but the progressive movement bore no relation to the amount of pain, and did not continue, while the pain did. The child's occiput was in the hollow of the sacrum, turned towards the left side; the child's body was back forwards; its right side more forwards than the left. The child's occiput was easily turned forwards, but returned to its old position immediately, before the forceps could be applied. The position of the body we could not change by manipulation. When the forceps were adjusted to the head in the position it occupied, we could not make the head advance. We tried to assist labour by the vectis, which, with forceps, were all the instruments in our possession, and all that could be had in the neighbourhood. The child was dead, and the patient too much exhausted to survive the Cæsarean operation. During these fruitless attempts to deliver, the patient lost, I should think, some forty ounces of blood; she grew weaker and weaker, and died at 10 o'clock. Ether was given by inhalation while the instruments were being used—about twelve ounces were consumed.

On Wednesday afternoon, the day after her death, Dr. Stokes and myself, with my learned confrère, Dr. Harris, made a post-mortem examination of this unhappy case. The abdomen was opened by an incision to the left of the old cicatrix, which measured eight and a half inches in length. At the lower extremity of the cicatrix the womb was fast to the wall by a pedicle, so short that it could scarcely be pinched between the thumb and forefinger. There was not a drop of blood in the cavity of the abdomen. The womb cut open in front, the child was seen covered by meconium, the back forwards, the right side rather more than the left. The occiput, in place of being under the pubis, was in the hollow of the sacrum; all as was diagnosticated during life. The placenta, which was

attached to the fundus, seemed to be partially detached at its upper edge, and was very easily peeled off. The child, a female, weighed eight and a half pounds.

I think, myself, that the difficulty in this case arose from the irregularity of the contractions in a deformed womb. The left horn being fast to the abdominal wall at the lower end of the old cicatrix, which was just above the pubis, the womb, as it developed around the child, must have done so in a very different way from what occurs in ordinary cases. As it is, I have thought it well to report the case as bearing upon the question of the proper mode of securing the pedicle, when very short, in ovariectomy, and I leave aside any discussion of the proper way, in the future, of dealing with any similar case of pregnancy and labour. Whatever judgment be passed upon this unfortunate case in this latter respect, the reporter can, at least, make this reflection: *bene facit qui ex erroribus suis exemplum aliis præbet.*

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